Healthy London Partnership

Making every contact count in London

Outcomes of the challenger event

27 April 2017

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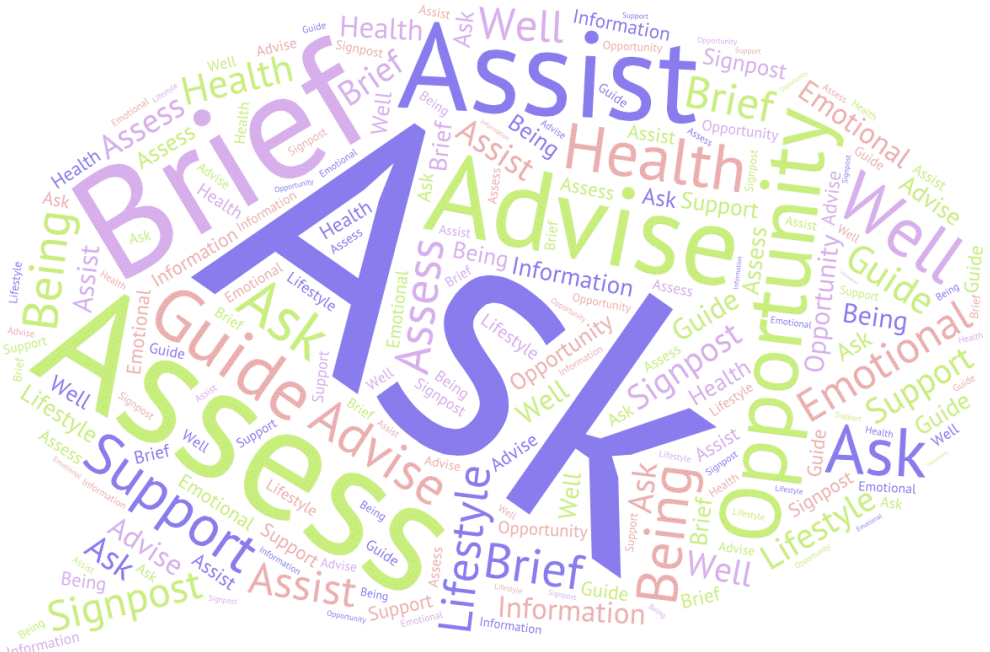
Making Every Contact Count in London:

Outcomes of the Challenger Event 27 April 2017



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Contents

Background

The London MECC steering group was initiated in January 2017 by the Healthy London Partnership (HLP), Public Health England, the Academy of Public Health and the Association of Directors of Public Health (London).

Coordinated by HLP, the group provides a forum where key stakeholders and experts across London can better enable prevention activities through MECC interventions to address health inequalities and improve health and wellbeing through effective, collaborative working. One of its priorities is to maximise the potential of MECC to help Londoners become more informed, motivated and empowered to lead happier and healthier lives.

There are five main areas which have been identified for this group to support at a London level to enable local delivery of MECC and lifestyle behaviour change:

1. Develop a MECC strategic framework for London.
2. Implement a consistent approach to access high quality MECC training and resources.
3. Use behavioural insights to develop innovative approaches to MECC building on evidence and experience.
4. Share learning for implementing MECC.
5. Robust evaluation to assess impact.

It will provide city-wide oversight to activities both focused at a local level and co-produced at a pan-London level to enable the delivery of solutions that will make it easier for Londoners to improve their health and wellbeing.

As part of this process, an event was planned with the intention to build on the knowledge, experience and commitment from a range of stakeholders to ensure MECC has the greatest impact in shaping, challenging and agreeing a pan-London strategy and action plan.

The Event

As part of this process it was agreed that a one-day Challenger Event should be held. The list of attendees, including contact details, is included in the Appendices.

The **aim** of the event was to shape, through challenges and collaboration, a London framework for maximizing the potential of MECC over the next five years to help inform, motivate and empower Londoners to maintain and improve their health and wellbeing.

The key **objectives** were to:

- Present a vision and definition of MECC for London and explore benefits and opportunities of working in partnership to implement and embed MECC across London.
- Explore the emerging evidence, understand and build on what's happening locally to maximise health in all London contacts.
- Agree how collectively we can support local and STP priorities and where we can focus our efforts to add value, overcome the challenges of implementing MECC and ensure it achieves the maximum impact across London.
- Agree priority actions over the next 12-18 months.

The day was arranged to allow participants to share experiences, have informed discussions and identify priorities that will help shape a pan-London approach. The event programme and slides are included in the appendices.

The focus of the day was to support and facilitate structured discussions in small work groups. The work groups began by having very broad discussion around the key topics. Those discussions then became more focused to enable the identification of the pan-London priorities and the key actions required to support the development of an action plan.

There were two short presentations during the day to ensure that all participants were aware of the context of the event and had the required information to fully participate in the discussions.

Outcomes

Setting up for Success

In this early session, participants were asked to work in small groups to identify and share positive stories, from across London, about how they are influencing behaviour change. Brief overviews of many of the stories told are included in the appendices but we have selected two to highlight the varying ways MECC can be approached below:

Story: **Jab and gab**

A GP practice hires a hall for the day to do flu jabs. Offers light refreshments. People are invited in from London on their day out. As well as reducing social isolation, this provides an opportunity to talk to professionals about other aspects of their health and prevention.

Setting: Residential Home

Character: Handyman/repairs worker

Story: **A bite-size MECC approach where even a 30 second conversation makes a difference.**

It is not always possible to have 'MECC' every time but at times during conversations people will get asked about help on things like cold homes, on their job or help with quitting smoking. If the handyman knows the key signposting information, they can direct them to people who can help.

The energy, enthusiasm and commitment of the participants to make every contact count was evident in this session and throughout the day.

The Opportunities and Challenges of working in Partnership to implement and embed MECC

The challenges and opportunities were discussed using a **World Café** approach (action detailed in appendices). The **World Café** is a whole group interaction method focused on conversations. It is a creative process for leading collaborative dialogue, sharing knowledge and creating possibilities for action. The World Café approach in action is included in the appendices.

There was enthusiasm in the room for working in partnership. Many of the challenges were those that would be faced at a local and pan-London level. The key challenge for a pan-London approach was recognising the varied priorities.

Opportunities	Challenges
• **To develop and deliver consistent messages.** • **To define and brand MECC for London.** • **To map current activity and evidence of impact across London.** • **To develop an evaluation framework for London which reflects the pan-London definition and principles.** • **To enable the sharing of practice and its impact.** • **To develop a central hub for MECC training across London.** • **To develop a repository of best practice and training resources.** • **To engage with and involve a broad range of public, voluntary and private organisations that work across London.** • **To utilise resources effectively by working collaboratively and co-commissioning.** • **To realise economies of scale.**	• Ensuring that in developing a pan-London approach there is the **flexibility** to allow for **local priorities** and needs (universally tailored). • **Capturing** data that identifies **cause/effect** when evaluating impact. • Developing an approach which recognises the **different organisation priorities**. • To develop evidence of **return on investment**. • Measuring the **impact** and developing the **evidence** base. • **Competing priorities** for time and money.

Evidence and Impact

Participants were then asked to discuss and record within their working groups.

- Where there are gaps in evidence?
- What activity they know about that is adding to the evidence base?
- What impact do we want?
- How can we measure that impact?

The records of those discussions were examined and the key discussion points are outlined below.

Where are the gaps? • Case Studies • Being able to compare **outcomes**. • What **system changes** are required? • What **impact** is MECC having on the health of Londoners? • **Population segmentation** – what works for which group? • Impact of MECC by non-health professionals. • **Impact** of **training** on practice.	***What's happening on evidence in London?*** • Camden and Islington evaluation. • Increase in smoking cessation rates following MECC implementation. • Smoking cessation in secondary care. • Lots of local examples but no way of sharing. • A lot of evidence of activity but not of outcomes. • Social return on investment model (Professor Lister).
What impact do we want to see across London? • Impact on the health and wellbeing of public and patients • Impact on health inequalities. • People know how and where to go for support. • Increase in self-management.	***How will we measure the impact?*** • Case studies. • Change in attitudes. • Change in practice. • Qualitative data and insights. • Use a logic model. • Return on investment.

Developing Priorities for MECC to inform London action

Participants were asked to work in small groups to develop and identify a long list of priorities with some key questions in mind.

- Is it pan-London?
- Does it add value?
- Will this help overcome challenges?
- Does it fit with the emerging strategy?

From this long list, key themes on '**the what'** and '**the how'** emerged.

What

There was a discussion about having a potential focus for pan-London action including:

- **Tobacco use**
- **Alcohol**
- **Obesity**
- **Mental health**

The breadth of each topic was discussed and what may or may not be included. It was agreed that further conversations on local priorities versus pan-London action are needed with respect to the pan-London definition and principles for MECC.

It was also agreed that potentially having a pan-London focus **does not exclude** areas also **having local priorities** based on local need.

How

For the 'how' discussion, participants emphasised the importance of co-commissioning and taking a collaborative approach and four priority areas emerged. Participants gathered in small groups to discuss and further develop those themes. The priorities for the 'how' included:

1. The Evidence

Creating a **framework, system and process** to collect and submit evidence of the process and outcomes, creating **'standards' of evidence**.

Identify gaps in evidence.

Benchmark the available evidence.

Support, resources and **training** to enable better collection, collation and reporting.

Ensure evidence is easily and widely available.

The **evidence** needs to include those elements which have a greater ability to **influence funders**.

2. Environment and Context

MECC needs to become part of the culture of the organisation.

Levers need to be identified which will **build the movement**, e.g. contracting, policies, appraisals, job descriptions, CQUINS/financial incentives.

Examples of good practice need to be used as **exemplars**.

There needs to be guidance on, and possibly an audit of, the **infrastructure required to support MECC**.

3. Branding and Pledge

The pan-London MECC **ethos and principles** needs defining. If it is flexible and simple, people are more likely to engage.

Local areas need support to define their priorities and align these to the pan-London MECC ethos and principles.

Dedicated streams of **branding** need to be considered, e.g. general population, workforce.

The **pledge** needs to include commitments to support organisations to adopt the principles of MECC and support staff to develop the skills necessary to implement.

4. Training and Workforce Development

A **pan-London approach** to ensure consistency of message.

Develop a London **training hub**.

Training needs to include **key skills** of listening and engaging people in conversation.

Consider the role of **MECC Champions**.

Next Steps

The findings outlined in this report will be discussed in the next meeting of the London wide MECC steering group on the 23rd May 2017 who will formulate a working action plan for the next 12-18 months.

This action plan will be based on the **what** and the **how** detailed in this report including specific action around the following **identified priority themes**:

1. **Supporting 'buy' in across the system**
2. **Communications to support consistent messaging**
3. **Developing skills and training**
4. **Sharing good practice**
5. **Developing opportunities to collaborate**
6. **MECC Context/Environment**
7. **Supporting with levers**
8. **Supporting evaluation and impact**

This plan will be circulated more broadly for final comments following which leads will be identified from within the group and from wider partners who have expressed an interest in becoming involved in working groups.

The London wide MECC steering group is keen to take this work forward as a collaborative with the different partners and from the various sectors across London. It is important that we build on and enhance the work being done already and harness the existing expertise and enthusiasm in the on-going development and delivery to make the biggest impact we can across London. We look forward to the continued involvement of the group and its networks.

Appendix 1 – Event Programme

Time	Objective
09.00	**Registration and coffee**
09.30	**Welcome to the strategy workshop & scene setting – Sharing the Vision & Definition** Julie Billet, Director of Public Health, Camden and Islington and Vice-Chair, Association of Directors of Public Health, London Sally Prus, Implementation Lead, Prevention Programme, Healthy London Partnership
09.45	**Setting up for success** Objectives/plan and approach for the day, roles, introductions – how we'll achieve the objectives.
10.15	**Explore emerging evidence and thinking through the impact we want to see** To give an overview of what we know so far and discuss gaps, impact and how we will measure change.
11.00	**Coffee**
11.15	**MECC in partnership** To explore challenges and opportunities of working in partnership to implement and embed MECC across London.
12.30	**MECC and local priorities** To establish a long list of priorities and how we could work in an integrated way (in the light of other drivers such as Local STP plans).
13.00	**Lunch**
13.45	**MECC priorities for London** To agree a short-list of Pan-London – testing ideas against broad criteria and the emerging strategic framework.
14.30	**Tea**
14.45	**Priority actions to September 2018** Reviewing key areas for action arising from the day and putting together key steps to support development of an action plan.
15.45	**Review of the day** Agreed actions, who will take them, reporting arrangements, next steps.
16.00	**Close of meeting**

Appendix 2 – Attendees

Name	Organisation	Email
Aiden Loughran	Camden & Islington	Aiden.loughran@islington.gov.uk
Alexandra Blowers	NW London	Alexandra.Blowers@nw.london.nhs.uk
Alexia Fergus	Royal Borough of Greenwich	Alexia.kane@royalgreenwich.gov.uk
Alison Keating	PHE	Alison.Keating@phe.gov.uk
Andrew Attfield	Barts	Andrew.Attfield@bartshealth.nhs.uk
Andrew Howe	Barnet & Harrow	andrew.howe@harrow.gov.uk
Ashlee Mulimba	HLP	A.mulimba1@nhs.net
Baljinder Heer-Matiana	Camden and Islington	Baljinder.Heer-Matiana@islington.gov.uk
Dawn Reeves	IPIP	info@facilitatethis.co.uk
Deborah Mbofana	ADPH London	Deborah.Mbofana@adphlondon.org.uk
Deborah Millward	Haringey	Deborah.Millward@haringey.gov.uk
Gemma Snell	CVD/Diabetes Network	gemma.snell@nhs.net
Grant Ford (Deputy for Heather Davison)	Royal Society of PH	GFord@rsph.org.uk
Hassan Al-Omari	HEE-NWL	hassan.al-omari@hee.nhs.uk
Hilary Wareing	IPIP	hwaring@ipip.co.uk
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James Porter	Royal Free Hospital	james.porter@nhs.net
Jane Stephenson-Glynn	Tower Hamlets	Jane.Stephenson-Glynn@towerhamlets.gov.uk
Jilly Robson	London Fire Brigade	JILLIAN.ROBSON@london-fire.gov.uk
Jo Clemente	London Councils	
Jon Vangorph	Red Cross	JVangorph@redcross.org.uk
Judy Curson	PHA	Judy.Curson@hee.nhs.uk
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Louise Holden	PHE	Louise.Holden@phe.gov.uk
Marc Krishek	Pharmacy	marc.krishek@nellpc.org.uk
Martin Hubbard	London MET Police	Martin.Hubbard@met.pnn.police.uk
Matt Creamer	GLA	matt.creamer@london.gov.uk

Name	Organisation	Email
Michael Gill	Barts	michael.gill1@nhs.net
Mubasshir Ajaz	Camden & Islington	Mubasshir.Ajaz@islington.gov.uk
Nell Blane	Ealing Council	Blanen@ealing.gov.uk
Nicky Bow		
Nicola Ellis	Royal Free London	nicola.ellis10@nhs.net
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Sharon Hudswell	GSTT	Sharon.Hudswell@gstt.nhs.net
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Sue Dutch	Patients	sue.dutch@nhs.net
Sue Hogarth	Tower Hamlets	sue.hogarth2@nhs.ney
Valerie Solomon	London Councils	valerie.solomon@londoncouncils.gov.uk
Verity Hawkes	PHE	Verity.Hawkes@phe.gov.uk
Vikesh Patel	Pharmacy	Vikesh.nellpc@outlook.com

Appendix 3 – Transcripts of Cards

Below are details of the transcripts from cards written by participants in relation to their experiences of MECC and how MECC can make a positive impact.

Story: Jab and gab

A GP practice hires a hall for the day to do flu jabs. Offers light refreshments. People bussed in from core London day out, reduces social isolation. Opportunity to talk to professionals about other aspects of their health and prevention.

Setting: Residential Home

Character: Handyman/repairs worker
Story: A bite sized MECC approach where even a 30 second conversation makes a difference. Not always possible to have 'MECC' every time but at times during conversations they will get asked about help on things like cold homes, on job or help with quitting smoking. If the handyman knows the key signposting information, they can direct them to people who can help.

Hospital Redevelopment – Smoking

Builders smoking on new Chasetown sites. Went to the contractor offering support to quit. 11 people took it up. 6 have now quit.

NHS lanyard as an invitation to conversation.

Approached on the tube for support to stop smoking.
Trusted.

Valerie

London HIV prevention programme.
An example of a pan-London project working to raise awareness of HIV prevention and change sexual behaviour and reduce HIV.

Confidence – key issue

Confidence to staff to start conversation on topics not part of their normal job role, e.g. librarian giving health info (contact for this is Priscilla Simpson).
Hillingdon Council training for libraries on MECC to build opportunities/staff confidence
psimpson@hillingdon.gov.uk
Deborah Mbofana

Participant and public voice member involved in our programme were able to use experience to encourage their local mental health trust to increase laws on tackling tobacco depending on the hospital inpatient wards.

Sam Mansa – Family Nurse Partnership (FNP)

Dedicated nurse trained.
1st time teenage mum.
Knock a effect on wider family = smoking, healthy eating.
Looking at whole family = who's in this house/who's in this room.
Familiarity builds up over time.

Jo Clemente – Head CP Enfield

Parent engagement panel.

- Volunteers
- Were in community
- In playgrounds

Help with concerns – e.g. housing, services, etc.
Signposting.
Training.

- How to cope with stress coming to term
- Psychometric assessments

Stray resource
Impact a on public unknown.
Staff HWB in LA
Those leaving organisation and staying.
Coaching programme
Those in LT sick.
Support transition back into workplace.

Alison Keating

Drug and alcohol services also work on

1. Employment.
2. Housing.
3. Physical and mental health.
4. Community

As part of their care planning.

Alison Keating – PHEL – Head of Drugs, Alcohol, Tobacco

St. Georges Hospital.
Alcohol liaison nurse.

Time you approach someone need to mindful not always right. Harm reduction conversation and referred to rehab – optimal – but actually drug free now.
Hospital took time to call someone on the day the patient asked.

1. Audit – C = questionnaire
2. MECC = IBA

Depending info treatment
= Drink bit too much but not dependent.
= Early prevention.

Phil (Fire Officer)

During MECC training Phil acknowledged his health could be improved by increasing his level of physical activity. He had no knowledge of services available to him.

MECC training has helped staff to stop pushing agenda and to 'stop and listen'

MECC skills worked in personal conversations – 1 staff member was able to manage difficult conversations with a friend better – leaving to better impact on the staff member.
Stories
Pharma – Healthy Living Pharmacy conversation led to a family walking to school instead of driving, leading to:

1. Better family time.
2. Exercise.
3. Small changes in diet.

MECC conversation about smoking led to client returning 1 year later for advice on how to stop.

Greenwich

Roadshow outreach approach.

- Power of taking services to people.
- Power of the type of staff delivering intervention Charlton Athletic football coaches).
- Power of technology – paperless/online approaches database/CRM. Improved sustained customer journey and evaluation.

Personal example

At a party, met some friends of friends who were talking about wanting to lose weight. I had recently completed the couch to 5k app and picked up on these conversations and started talking about it and recommended it. These 2 ladies emailed me 2 months later saying they had taken up the app. I made very contact count.

James Porter

Linking NHS services with local 'get active' in Enfield for MSK patients.

Small charge (£2.50) to do the programme with a free water bottle on completion. This has led to really good engagement and adherence.

Breastfeeding Support

Working as a project manager to implement training and development of UNICEF Baby Friendly Project to Health Visitors and Midwives.
The most powerful product of the project was the peer support group for breastfeeding mothers, all peer supporters were volunteers who provide support in the community.
This was **not** the aim of the project but the most successful outcome.

Andrew, Barts

Lot of VBA type stuff.
Mixed bag.

- Smoking more successful.
- Alcohol less so.

Very keen to talk about the organisational and environmental aspects.
Avenue in through directors of HR and benefits to the workforces.
Apprentice in PH team – given up smoking – 'gentle encouragement'.
Finding the right moments/opportunities in the pathway, e.g. pre-operative assessment, discharge.

N.E. London

Trying to use this approach in community pharmacy
Initialise a conversation w/patients to understand some of their issues, e.g. debt – manifest itself as depression.
Use a directory of support in N.E. London.
'Interest, desire and action.'
Trained 60 pharmacies in Health Coaching.
Examples of people quitting smoking.

Haringey

Talked about a colleague w/range of unhealthy behaviours.
"Drip feed" of information around smoking.
Attended MECC training course and as a consequence – quit smoking and healthier diet.
Staff engagement key.

Jane – Tower Hamlets

VBA and smoking cessation.
Using BabyClear to do CO screening on all pregnant women.
Underpinned by MECC-type principles.

Case study of 'Victoria' – isolated, concerned re stopping smoking – agreed to a referral, stopped smoking and general improvement in coping.

Colleague – stressed by needy friend in US – constant long phone calls – fell into game of 'why don't you …. Yes but' – exhausted and frustrated as friend not taking advice and my colleague as a result not giving enough time to her sister who has cancer.

Intervention – MECC training
Outcome – colleague stopped offering solutions and instead attempted to get friend to identify her own solutions.
Friend reduced amount of calls and length of conversations.
My colleague relieved, stress levels reduced, happy to be able to spend more time and energy on sister.
Appeared physically lighter.

Ashox Soni

Through my community pharmacy we used to be commissioned for health checks.
A lady came in and was within the target age group so was offered a screen.
There was nothing in her assessment that was highly significant but a number of little things with a slightly elevated blood pressure and overweight. Following a conversation, she felt that she would walk the children to school for a little activity.
Shae came back a few weeks later to say she felt better but also that the walk had given her time to talk to her children and she had found that an extra benefit of the consequence was she and the children were happier and the children's school work had improved.
It's a shame the service has been decommissioned.

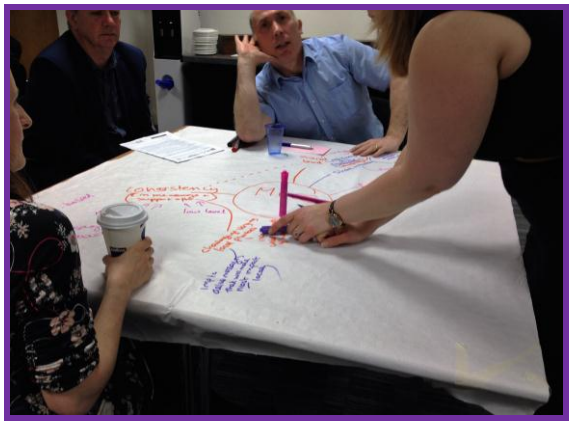
Alex Blowers

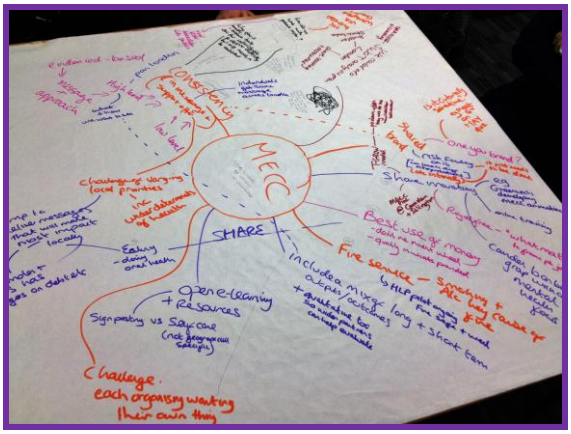
New to NWLSTP – Developing strategic approach to MECC for NWLSTP.
In Suffolk PH (previous role) – implemented Intelligent Health's Beat the Street in Lowerstoft – 6 weeks' gamification walking intervention – lasting effect on rates of walking and decrease in road traffic!

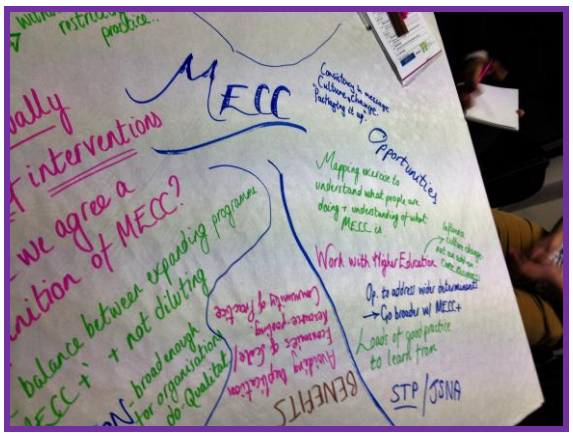
Libraries a point of connection.

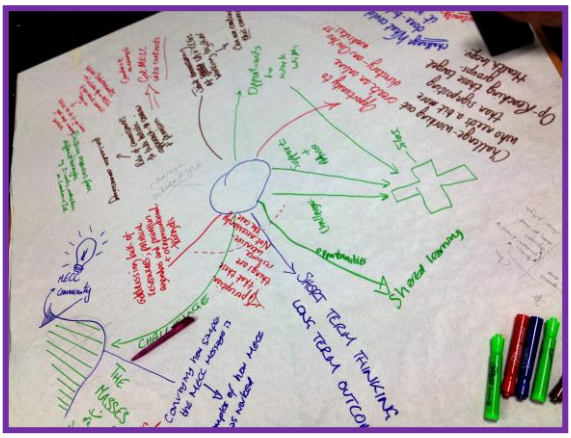
Use Librarians to test MECC training and process.
Safe spaces.
Trusted information!
See also facts around high reach vs OT's pharmacies, midwives …..
Aidan
Debra's Story.

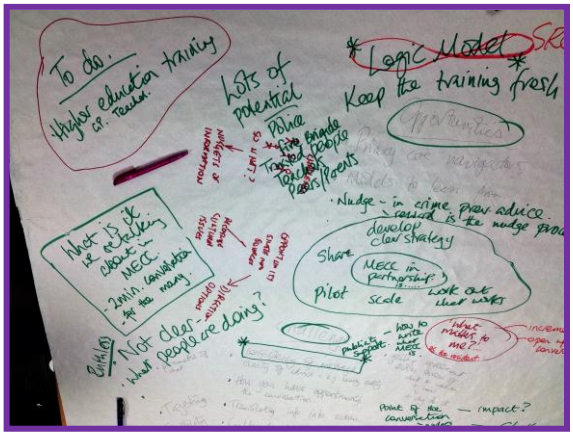
Appendix 4 – World Café

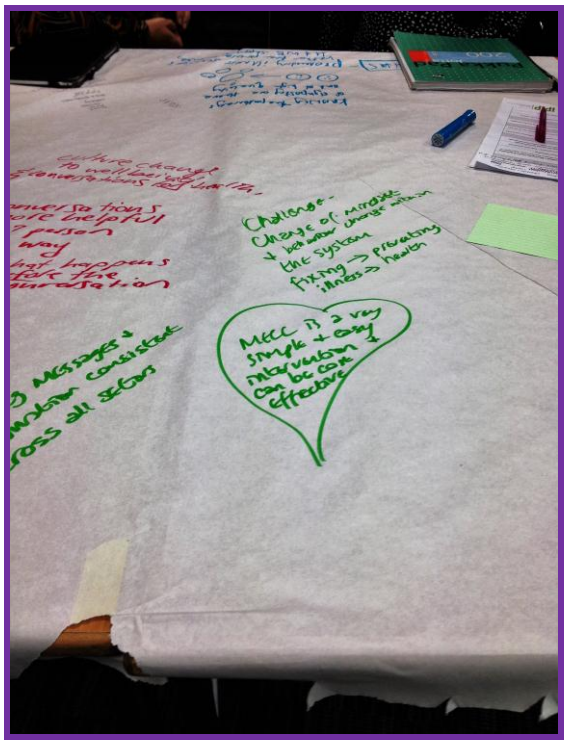









To do.
Higher education training
Lots of potential
Police
Keep the training fresh
Nudge - in crime prev advice
develop clear strategy
Share
MECC in partnership?
pilot
scale
Look out
Not clear - what people are doing?


Challenge -
Change of mindset
between
the system
fixing → preventing
illness → health
MECC is a very
simple + easy
intervention
can be cost
effective


MECC
Opportunity
Run London?
STP footprints?
Same/similar
processes, systems,
trainings, comms,
messages,
accredited
trainings?
economies
of
scale
system
leadership?
PH Academy